Collings

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 5493

BIRTH NO.

REGISTRAR'S NO. 106

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pinal
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Casa Grande
C. LENGTH OF STAY IN THIS PLACE: 14 yrs. IN ARIZONA: 14 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Residence

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Casa Grande
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): P O Box 843

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Daisy B. (MIDDLE) Mae C. (LAST) Rosetta Bennett
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH July DAY 4 YEAR 1926
8. AGE: YEARS 26 MONTHS 2 DAYS 19
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U S A
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: C. C. Lamb
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Willie Waire
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: [illegible] ADDRESS: Casa Grande, Arizona P O Box 843
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Sept. 23, 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: Tuberculosis Pulmonary Cavous, far advanced — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL & CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9/7 1952 TO 9/23 1952 THAT I LAST SAW THE DECEASED ALIVE ON 9/23 1952 AND THAT DEATH OCCURRED AT 4:00 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): R. L. Collings Jr. MD
23B. ADDRESS: Casa Grande Ariz
23C. DATE SIGNED: 9/24/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☐
24B. DATE: Sept. 26, 1952
24C. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Casa Grande, Arizona
25A. DATE REC'D BY LOCAL REG.: 9-27-52
25B. REGISTRAR'S SIGNATURE: Gertrude J. Hager
26. FUNERAL DIRECTOR'S SIGNATURE: Jack Foster — ADDRESS: Cole & Maud Mortuary Casa Grande, Arizona
27. EMBALMER'S SIGNATURE: Jack Foster
CERT. NO. 315

FORM VS 2 REV. 20M